oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report		
above, or on an attachment with all other like empowered.		
SIGNATURE: SHEFFIELD CROWDER	PRESIDENT	04/17/2014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

Entity Name: BROOKWOOD OFFICE PARK OWNERS ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3410 HENDERSON BLVD SUITE 200 TAMPA, FL 33609

Current Mailing Address:

3410 HENDERSON BLVD SUITE 200 TAMPA, FL 33609

FEI Number: 20-8190061

Name and Address of Current Registered Agent:

CROWDER, SHEFFIELD L 3410 HENDERSON BLVD STE 200 TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title

Electronic Signature of Registered Agent Date **Officer/Director Detail :** Р Title VP

Name	CROWDER, SHEFFIELD	Name	MINCEY, DONALD
Address	3410 HENDERSON BLVD STE 200	Address	3410 HENDERSON BLVD STE 200
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33629

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date